

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37926
STATE FILE NUMBER
9069

FILED OCT 16 1957

318 Primary Registration District No. 1003 Registrar's No.

| | | | | | |
|--|---------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri | | c. CITY OR TOWN Shrewsbury | | b. COUNTY st. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp. | | d. STREET ADDRESS 4904 Virguene | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last HOYT RAYMOND NEWTON | | | 4. DATE OF DEATH Month Day Year Sept. 26, 1957 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 28, 1898 | 9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painting contractor | | 10b. KIND OF BUSINESS OR INDUSTRY Construction | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | |
| 13. FATHER'S NAME John Newton | | | 14. MOTHER'S MAIDEN NAME Sarah Gunn | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no | | 16. SOCIAL SECURITY NO. 487-38-1282 | | 17. INFORMANT Address Martha Newton 4904 Virguene, Shrewsbury | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Tamponade (Hemorrhagic) DUE TO (b) Dissecting Aneurism Aorta - Entire length DUE TO (c) 45IX Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Small area myocardial infarction Due to Dissecting Aneurism | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 minutes 5 Days |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 6/30/47 to 9/26/57 and last saw him alive on 9/26/57 Death occurred at 6:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) John V. King M.D. | | | 22b. ADDRESS 689 1/2 Big Bend, 19, Mo | | 22c. DATE SIGNED 9/28/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE Sept. 30, 1957 | | 23c. NAME OF CEMETERY OR CREMATORY St. Peters Cem. | |
| 23d. LOCATION (City, town, or county) (State) Kirkwood, Missouri | | 24. FUNERAL DIRECTOR ADDRESS M. J. Croghan - 831 E. Big Bend Shrewsbury, Mo. | | 25. DATE RECD. BY LOCAL REG. SEP 30 1957 | |
| 26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. m. j. B. | | | | | |

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *W.E. Morris*

Licensed Embalmer No. *330*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.